

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	16/03/2018 09:40
Date Of Accident	22/02/2018 11:30
Exact Location Of Accident	BASEMENT CARPARK OF 2 FUSIONOPOLIS WAY(TOWER A)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5767H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEDIACORP PTE LTD
Co Reg No	199201312E
Email Address	SAZALIB@MEDIACORP.COM.SG
Mobile Phone No	(LOCAL) +65-91277735
Alternative Phone No	OFFICE-91277735

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17087490MFBP/8
Cover Note Number	

### Driver

Name of Driver	MOHD ISMAIL BIN BADER DEEN
NRIC No	S0218534B
Date Of Birth	02/04/1949
Occupation	INDOOR
Date Of Driving Pass	17/09/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91277735
Fax Number	
Contact Number	OTHERS-91277735
Email Address	MOHDISMAIL@MEDIACORP.COM.SG

Address	21 SENGKANG EAST AVENUE #01-26
Postcode	544809
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 15 BEDOK SOUTH ROAD #01-117 , <b>POSTCODE:</b> 460015 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2419999 - <b>FAX NO:</b> 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20180312/2142

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN2270U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

ATTACHMENT

DIAGRAM A

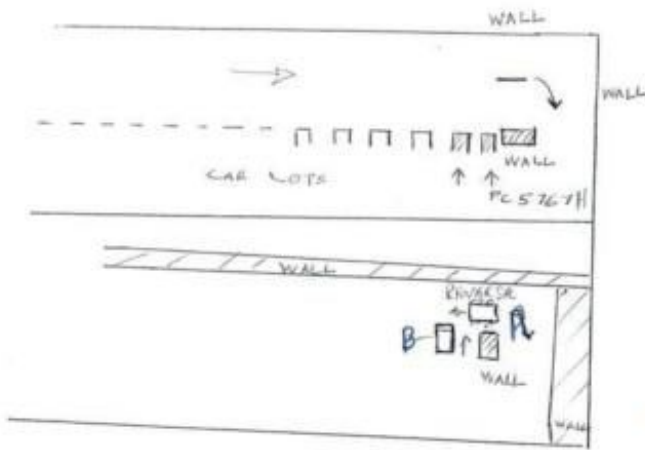


DIAGRAM B

A) PC 5767H

B) SKN 22704

16/03/2018  
Rashid W. 1993

# Accident Sketch Plan

## SKETCH PLAN

REFER TO ATTACHED MAP

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20080312/2142

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

16/03/2018  
0920 am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

16/03/2018  
Rofli 110003

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180312/2142

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

1 of 3

Report No. T/20180312/2142

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2018 19:33		Vide Report No.:		Station Diary No.: 62	
<b>Informant's Particulars</b>					
Name of Informant: MOHD ISMAIL BIN BADER DEEN			Address: 21 SENGKANG EAST AVENUE #01-26 SINGAPORE 544809		
ID Type / ID No.: NRIC NO / S0218534B			Contact No.: Home/Office: Mobile: 91277735		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 02/04/1949	Type of Informant: Driver		
Race: Pakistani			Language: English		Institution / School Name:
Occupation: CAMERA MEN			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/02/2018 11:30	Type of Location: Car Park
Location: Along Road 1 FUSIONOPOLIS WAY Basement carpark of 2 Fusionopolis Way (Tower A)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5767H	Van				No Damage	0
SKN2270U	Car				Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180312/2142

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

2 of 3

Report No. T/20180312/2142

## CONTINUATION OF REPORT

Driver			
Name	MOHD ISMAIL BIN BADER DEEN	ID No.	S0218534B
Related Vehicle	PC5767H (Van)	Contact No.	91277735
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 22/02/2018 I was driving Mediacorp vehicle PC5767H. After covering a news assignment at the building, I went to the carpark to leave for office.

As my car was parked at the end lot closest to the wall, I have to move out and reversed the van to get more space to make the turn. Unfortunately my judgement was not accurate as a result the back of my van collided with the front bumper of SKN2270U causing some damages.

As my company was nearby and I need to rush the video footage to my Mediacorp, I left the spot with intention to come back to settle the matter.

Unfortunately at the office I was given another errand to do and I totally forget to return to the scene.

I admit that it was my mistake and take full responsibility. My apology to all concerned including the traffic police and will compensate for the damaged caused to SKN2770U.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180312/2142

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

3 of 3

Report No. T/20180312/2142

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt MOHAMED NOR BIN MOHAMED ALI  
JINNAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/03/2018 19:33

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Our Ref : TP/IP/14013/2018  
Date : 05 March 2018

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6079  
Fax +65 6547 4863  
[www.police.gov.sg](http://www.police.gov.sg)

**MEDIACORP PTE LTD  
1, STARS AVENUE  
MEDIACORP CAMPUS  
SINGAPORE 138507**

**URGENT**

Dear Sir / Madam

**ALLEGED HIT-AND-RUN ACCIDENT INVOLVING SKN2270U AND PC5767H AT BASEMENT CARPARK (TOWER A) OF 2 FUSIONPOLIS WAY ON 22/02/2018 @ 1130 - 1200 HOURS**

Our investigations showed that you are the registered owner / driver **PC5767H**, which is alleged to have been involved in a **hit and run accident**.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment

3 In addition, **please inform the driver to lodge an online Police Report of a Traffic Accident (NP168)** using SingPass via the SPF Electronic Police Centre<sup>1</sup> (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email **Abdul\_KAREEM@spf.gov.sg**. If the file size is too big, you can make arrangements with the IO at his DID: 65476079 for a convenient method of retrieval.

Yours faithfully,

**PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

**Particulars of the driver of PC5767H on 22/02/2018 @ 1710 hours:-**

Name :	NRIC / FIN / PP No.	Address :
Contact No :		

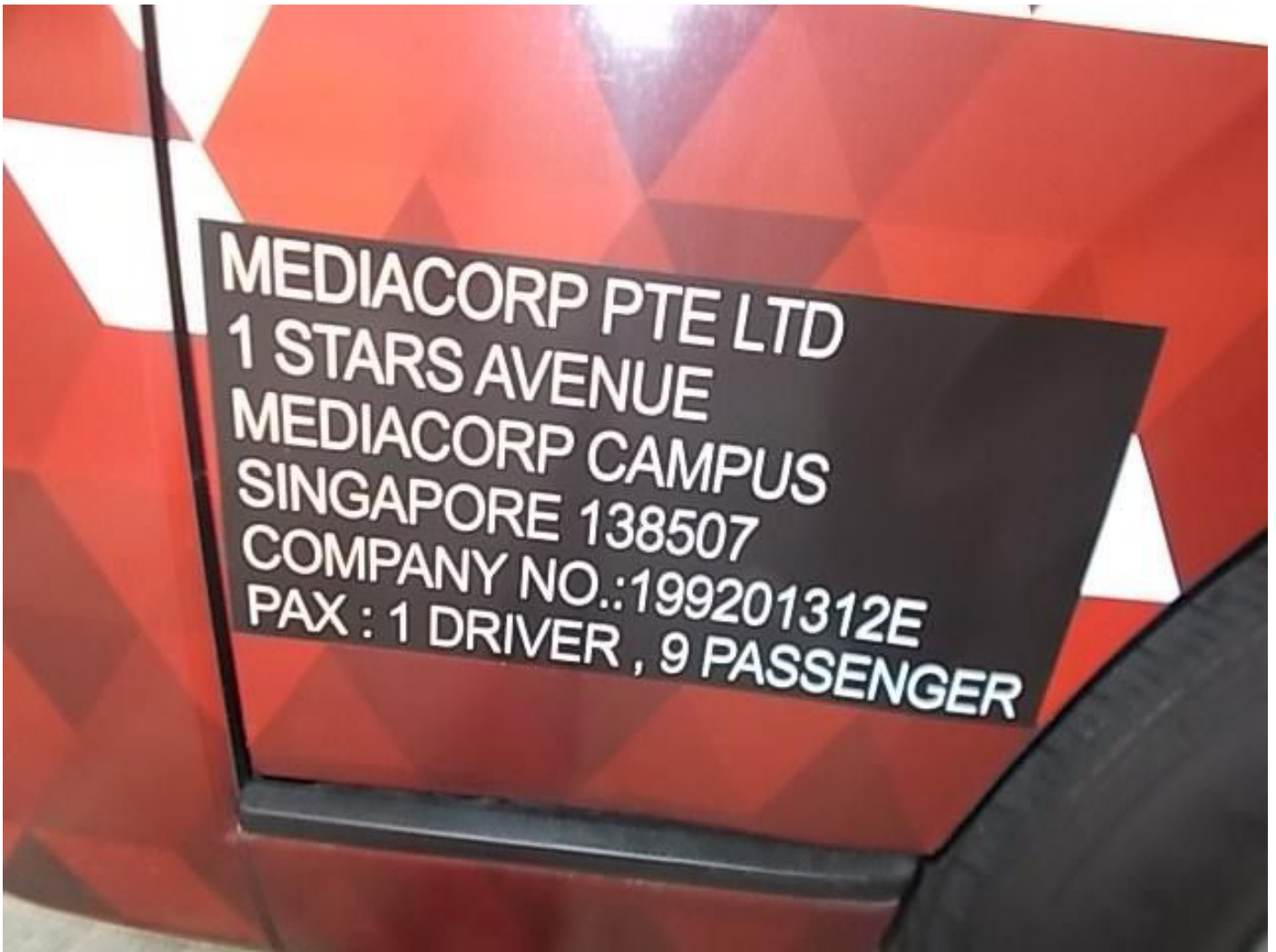
I affirm that the information I gave above is true and correct.

Name / Contact No of Registered owner      Signature of Registered vehicle owner      Date

\*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

<sup>1</sup> For the purpose of lodging this report, please select "Yes" for "Is this a Hit and Run accident?" under "Step 2: Accident Info", even if the driver is not aware of any accident".

Accident Photo



MEDIACORP PTE LTD  
1 STARS AVENUE  
MEDIACORP CAMPUS  
SINGAPORE 138507  
COMPANY NO.:199201312E  
PAX : 1 DRIVER , 9 PASSENGER

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

